

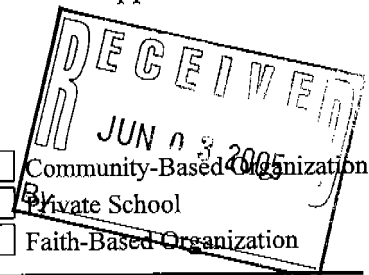
# MICHIGAN DEPARTMENT OF EDUCATION

## SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [VrettasA@michigan.gov](mailto:VrettasA@michigan.gov).

### CHECK THE APPROPRIATE BOX:

<input checked="" type="checkbox"/> For Profit Company	<input type="checkbox"/> Local School District	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Public School Academy	<input type="checkbox"/> Private School
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Intermediate School District	<input type="checkbox"/> Faith-Based Organization



### Section 1: Provider Identification

**Name of Entity:** "Ace it!" of Grosse Pointe Farms

**Name of Director:** Mandi Skeegan

**Address:** 93 Kercheval **City:** Grosse Pointe Farms **State:** MI **Zip** 48236

**Phone:** 313-640-0000 **Fax:** 313-640-7707 **Email:** sylvnlrng@aol.com

**Proposed Location of Services** (if different from above):

**Address** SEE BELOW **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

If different from Director:

**Name of Contact Person:** Stephanie M. Hollander

**Address:** 4828 Highway 17 Bypass South **City:** Myrtle Beach **State:** SC **Zip** 29588

**Phone:** 843-293-6430 **Fax:** 843-293-6485 **Email:** sklinefelter1@earthlink.net

### Section 2: Provider Geographic Service Area Information

#### 1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Macomb, Wayne and Oakland County School Districts

#### 2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: identified school buildings within each district (i.e. Oakwood Middle School)

Site Location #2: community centers within above mentioned counties (Macomb, Wayne and Oakland)

Site Location #3: churches within above mentioned counties (Macomb, Wayne and Oakland)

**3. Transportation** – Provide information about accessibility to public transportation from your site:

DDOT (Detroit Department of Transportation)- public bus transportation that runs throughout Detroit and SMART (Suburban Mobility Authority for Regional Transportation)- public bus transportation that runs throughout Wayne, Oakland and Macomb Counties.

**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes X No ☐

**Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Reading (Language Arts) and Math

**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: \_\_\_\_\_

Reading (Language Arts) – Kindergarten through 8<sup>th</sup> grade

Math- 1<sup>st</sup> grade through 8<sup>th</sup> grade

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School    X After School    X Weekends    X Summer    ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring    X Small Group Instruction (1 teacher to 8 students)    ☐ Large  
Group Instruction    ☐ Online Web-Based    ☐ Other

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session: 60 minutes    Number of Sessions per Week: 2

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

X Certified Teachers    ☐ Paraprofessionals    ☐ Volunteers    ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

X Special Education    ☐ Limited English Proficient    ☐ Other \_\_\_\_\_

**Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

X \$50 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.